

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580329

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND.

DEP.

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AS FILED

AFTER
1st AMENDMENT

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TOTAL IND.		3				
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TOTAL CLAIMS		16				

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